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CONFIRMATION NO. 5364

<b>SERIAL NUMBER</b> 09/809,158	<b>FILING OR 371(c) DATE</b> 03/15/2001 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1643	<b>ATTORNEY DOCKET NO.</b> LANCELL.002CP1
<b>APPLICANTS</b> Carol O. Cowing, Del Mar, CA;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/176,044 10/20/1998 PAT 6,210,672 <i>KAC</i> <b>** FOREIGN APPLICATIONS *****</b> <i>(none) KAC</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 05/22/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> <i>KAC</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 14	<b>TOTAL CLAIMS</b> 57
				<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> 20995				
<b>TITLE</b> Method to enhance the immunogenicity of an antigen				
<b>FILING FEE RECEIVED</b> 1036	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	